

September 25, 1939

Dr. Allen W. Whipple,
Director of Surgery.

Dear Dr. Whipple,

Since four of my appointments with you have failed to materialize I believe it wiser to resort to the written word. There are several matters which should come to your attention for advice and consideration.

1. Welfare Hospital: Miss MacCurdy seems to be in some doubt as to the status of the anesthesia residency there. As we once discussed, one resident from Presbyterian will be assigned for six months to Welfare Hospital as an integral part in the anesthesia training here. There is a small salary connected with the position to cover maintenance which is not provided. August first, Dr. Gladstone was asked to move from this hospital, his room was reassigned, and his pay checks stopped though his contract runs to October 15th. I wonder whether the Surgical residents will meet the same situation when they leave for short periods of training elsewhere. At any rate, I think Dr. Gladstone's back pay should be restored.

2. We have not yet discussed the salary of the residents in their second year. May we consider it to be \$75.00 monthly, as compared to \$50.00 the first year?

3. The status of cyclopropane needs reconsideration. This summer I have used it three times, but only when I felt that any other agent decreased greatly the chances for recovery. I think it is a great mistake not to have the drug available for certain poor risk patients. It seems quite illogical to discard this drug when our one accident in ten years was with a nitrous oxide-ether mixture. We need very much in this clinic a drug more potent than nitrous oxide, and with less metabolic effects than ether, and if cyclopropane is to be barred, may we return to ethylene?

4. I have understood that Dr. Peterson is asking a raise in salary. If this is granted, naturally I shall expect the same, as our positions are supposedly equal.

5. The question of fees for private patients should be considered again. It was quite embarrassing this summer to refuse to send a bill to two patients who fully expected, and asked to pay a generous anesthesia fee, which would have been charged at any other hospital in the city. In fact it was suggested that outside anesthetists be called in since I could not charge for the work. This practice will certainly lead to a lowering of the quality of the anesthesia. Dr. St. John, in your absence, was kind enough to go in to some detail regarding the policy of private fees, and he suggested

that fees for this specialty be considered at the October Medical Board meeting along with the other specialties which will be discussed. It is my hope that sometime I shall be allowed to conduct this department financially much as you do yours.

6. Since the teaching schedule remains heavy, I fail to see any time in the near future to devote to research work. One possible solution for the problem is to consider taking on a permanent research man in anesthesia, who can, if necessary also assist with the teaching and clinical work. It so happens that such a man is available now- John Adriani, P and S '34, surgical internship at French Hospital, and three years of anesthesia with Dr. Rovenstine, about half of which has been research work. He has worked with both physiologists, and pharmacologists, and has produced some sound, level-headed contributions. It will be some time before an equally well-equipped person is available. Another solution is for me to take a year's leave of absence from clinical work and teaching, and devote the entire time to research, to be used toward an Med. Sc.D.

7. There are several open dates for Thursday afternoon conferences. Do you have any anesthesia subjects to suggest? I wonder whether a short session on premedication would be of value.

Thank you for reading all this- it is much too long. I hope to have your advice on these points soon.

Sincerely,

Virginia Apgar, M.D.